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## MUNICIPAL STATISTICS.

**The Death-rate of Manchester, N.H.**—The Report of the Board of Health of the City of Manchester, N.H., for 1904 shows a general death-rate of 16.22. In 1900 the population of the city was 56,987, and, the actual number of deaths decreasing in 1901 and 1902, it was estimated that this population remained stationary. In 1903 the actual number of deaths slightly increased, and the "estimated population" was raised to 60,000, showing a steady fall in the death-rate. In 1904 a further reduction was apparently desirable, and the population was placed at 62,000, with the gratifying result noted above. The ratio of 47 deaths of children under 5 to 100 total deaths (56 in 1902) suggests something serious the matter, although age distribution figures and birth-rates are not given in this report.

**Tuberculosis and Pneumonia in Boston.**—The Annual Report of the Registry Department of the City of Boston for the Year 1904 exhibits the merits and defects of preceding volumes. Its analyses of the statistics for individual wards in relation to racial and social conditions are, as usual, most suggestive. It may be interesting to cite the figures for the five wards having the least and the five wards having the greatest, density of population, in order to show the high birth-rates and death-rates and the large proportion of foreign population in the congested districts.

## WARD STATISTICS OF BOSTON, 1904.

## LEAST CONGESTED WARDS.

Ward.	Dwellings to the Acre.	Persons to a Dwelling.	Percentage of Foreign-born Population.	Birth-rate.	Death-rate.	Percentage of Deaths under 1 yr.
25 . . .	1.4	5.5	30	24.5	13.0	2.5
24 . . .	2.1	6.4	27	22.4	13.7	4.3
23 . . .	1.9	6.5	31	19.0	12.3	2.8
20 . . .	3.2	6.5	26	23.6	14.0	4.2
11 . . .	4.7	6.9	32	12.5	13.4	1.4

## MOST CONGESTED WARDS.

7 . . .	3.1	12.3	45	22.4	24.2	2.9
3 . . .	3.7	12.9	29	26.3	16.3	3.4
9 . . .	9.9	14.6	40	21.4	16.8	3.8
8 . . .	11.4	16.6	49	32.3	12.2	4.0
6 . . .	5.2	22.1	59	45.9	17.4	9.3

The "summary of vital statistics for the years from 1850 to 1900" which was promised last year does not appear in this report, but a significant table is included, which shows the deaths from tuberculosis, pneumonia, cancer, heart disease, and apoplexy since 1811. The report, as usual, omits death-rates, but the following table shows the rates calculated for census years by the reviewer. Allowing for all errors in diagnosis and reporting, the increase in heart disease is striking.

DEATH-RATE FROM CERTAIN CAUSES IN BOSTON IN CENSUS YEARS.

DEATHS PER 1,000.

Year.	Tubercu- losis.	Pneumonia.	Cancer.	Heart Disease.	Apoplexy.
1820 . . .	5.1	.6	.0	.2	.2
1830 . . .	3.1	1.1	.1	.2	.2
1840 . . .	2.6	1.4	.2	.2	.3
1850 . . .	4.3	.9	.2	.4	.2
1860 . . .	4.5	1.6	.3	.5	.2
1870 . . .	4.0	1.3	.4	.8	.4
1880 . . .	3.8	2.2	.7	1.2	.6
1890 . . .	3.6	2.4	.8	1.7	.7
1900 . . .	2.5	2.5	.7	2.0	.9

The inverse relation between tuberculosis and pneumonia which is so common a phenomenon appears with striking clearness here, the latter increasing in almost the same ratio in which the former decreases. Such a condition suggests that the decline of tuberculosis is in part not a real one, but is due rather to changed diagnosis, deaths once reported from tuberculosis being now classed as pneumonia. It might be held that persons with a naturally sensitive respiratory apparatus, who had been saved from tuberculosis by sanitary reform, would be apt to die of pneumonia at a later age, and thus swell the death-rate from the latter disease. A study of age distribution should throw light on this point. The reviewer has therefore prepared the subjoined table, showing the age distribution of the two causes of death, by adding the figures given for twenty-five individual wards:—

## AGE DISTRIBUTION OF DEATHS FROM TUBERCULOSIS AND PNEUMONIA.

BOSTON, 1904. ACTUAL DEATHS AT EACH AGE PERIOD.

Age.	Under 1.	1.	2-4.	5-9.	10-14.	15-19.	20-24.
Tuberculosis . . . . .	28	12	21	16	13	76	157
Pneumonia . . . . .	281	162	78	26	8	11	35

Age.	25-29.	30-34.	35-39.	40-44.	45-49.	50-54.	55-59.
Tuberculosis . . . . .	196	190	167	114	77	68	36
Pneumonia . . . . .	50	71	75	65	64	76	80

Age.	60-64.	65-69.	70-74.	75-79.	80-84.	85-89.	90-94.	Over 94.
Tuberculosis	32	26	19	9	2	1		
Pneumonia	71	66	71	53	31	17	6	1

Evidently, the present age distribution of the two diseases is totally different. 7% of the deaths from tuberculosis occur under 15 years against 40% of the deaths from pneumonia. The period from 15 to 40 includes 62% of the deaths from tuberculosis, and only 17% of the deaths from pneumonia. 31% of the deaths from tuberculosis and 43% of the deaths from pneumonia are at ages over 39. If now one refers to Dr. Abbott's admirable study of the "Decrease of Consumption in New England" in this journal for March, 1904, it appears that the great diminution of phthisis has occurred at precisely those age periods at which pneumonia is now most frequently reported. Thus from 1860 to 1900 the male phthisis death-rate per 1,000 under 5 years fell from 2.1 to .8 and between 70 and 79 years from 9.8 to 2.5 while between 20 and 29 years it decreased only from 4.4 to 2.8. It seems desirable that our tuberculosis and pneumonia statistics should be thoroughly overhauled in order to see if the decrease in consumption on which we pride ourselves is not in part illusory. In the case of Boston the changing racial constitution of the population might naturally lead to a rise in the death-rate from respiratory diseases among young children, since certain of the immigrant races are especially susceptible to these maladies. It is noteworthy that the

largest mortality from pneumonia occurs in just those wards which have the largest foreign population.

**Pneumonia in Cambridge.** In connection with the discussion of the relation between tuberculosis and pneumonia, the Annual Report of the Board of Health of the City of Cambridge, Massachusetts, for the year 1905, is of interest. It shows that in Cambridge, where there is not a large foreign population, the death-rate from pneumonia has remained unchanged at a low level, while the death-rate from tuberculosis has shown a normal decrease. The number of deaths from pneumonia per 1,000 persons living was 1.91 in 1896 and 1.86 in 1905. The statistics published in this report are always sound and helpful and concise. They might well be made somewhat more extensive.

**Ohio Municipal Statistics.**—The State of Ohio possesses an admirable institution in the Bureau of Inspection and Supervision of Public Offices, created by an act of April 25, 1904, to "formulate, prescribe, and install a system of accounting and reporting . . . that shall be uniform for every public office and every public account of the same class, and which shall exhibit true accounts and detailed statements of funds collected, received, and expended for account of the public for any purpose whatever." This Bureau has recently issued a report entitled "Comparative Statistics, Cities of Ohio, 1904," which is full of meat for the student of urban administration. It is wholly financial in scope, including the receipts and expenditures, ordinary and extraordinary, for each of the 71 cities in the State, classified, with considerable detail, in eight tables covering 160 pages.

**Causes of Death in Providence.**—An important contribution to the interpretation of vital statistics is made by Dr. C. V. Chapin in a review of "Causes of Deaths in Providence, 1856-1905," in the *American Journal of Public Hygiene* for February, 1906. The average rates for each disease and the increase or decrease observed in comparing the decades, 1856-65 and 1896-1905, are given in tabular form. Typhoid fever, scarlet fever, small-pox, and diphtheria and croup all show a marked decrease, amounting in the aggregate for the four diseases to 214 per 100,000, one-quarter of which the author considers may be due to a change in the age distribution of the population and the rest largely to the efforts of the sanitary authorities. Tuberculosis also shows a real diminution of 169 per 100,000. With regard to diarrhœal diseases, on the other hand, Dr. Chapin holds

that the apparent decrease of 79 deaths per 100,000 may be due merely to a decrease in the proportion of young children in the population. Strong evidence to this effect is furnished by the fact that the ratio of deaths under one, to births has shown an increase. With regard to measles, whooping-cough, and cerebro-spinal meningitis it does not appear that sanitary measures have produced, or can as yet produce, any appreciable effect. In a number of diseases apparently decreased death-rates are attributed almost wholly to change in diagnosis. Under this heading come diseases of the brain, convulsions, hydrocephalus, debility, teething, old age, dropsy, and unknown causes. Dr. Chapin considers the apparent increase in cancer, heart disease, and renal disease as largely or wholly due to transfers from the more indefinite causes of death and to change in the age distribution of the population.

The apparent increase in pneumonia and bronchitis does not escape the author's pervading scepticism, being attributed to "changes in age constitution, improved diagnosis, and the influenza bacillus." The reviewer is inclined to believe, as stated previously, that other factors may affect the increase in pneumonia, especially among young children. Influenza and cerebro-spinal meningitis have shown an undoubted increase in Providence, and it is a somewhat sinister fact that suicides and homicides have more than doubled. Here, too, changes in the race constitution of the population may play a part.

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C.-E. A. WINSLOW.

## STATE SANITARY REPORTS.

### INDIANA.

The Twenty-second Annual Report of the State Board of Health of Indiana for 1903 bears upon its cover the inscription, "Public health is public wealth," and, within, exhibits a wise combination of sound science with an appeal to popular interest, often an admirable characteristic of the sanitary literature of the Middle Western States. For each of the principal causes of death diagrams have been prepared to show age incidence and seasonal prevalence which have an important educational value. The general death-rate for the State is given as 13.4, calculated on the basis of the population in 1900, and the birth-rate is given as 17.5. The returns of deaths are said to be practically complete, but it is estimated that only half the births are reported. No doubt the